FORM D

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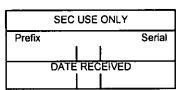
UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number: 32:	35-0076				
Expires: November 3	80, 2001				
Estimated average burder	1				
hours per response	16.00				



Name of Offering (check if this is an amendment and name has changed, and indicate change.) JER Europe Fund III, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4000 Miles ULOE
Type of Filing: New Filing Amendment	707
A. BASIC IDENTIFICATION DATA	AUG 2 0 200-
1. Enter the information requested about the issuer	THE THE PARTY OF T
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) JER Europe Fund III, L.P. (the "Partnership")	186 3ECTOR
Address of Executive Offices (Number and Street, City, State, Zip Code) Clarges House, 6-12 Clarges Street, London, W1J8HB, United Kingdom	Telephone Number (Including Area Code) +44 (0) 20 7518 4350
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Investment vehicle.	
Type of Business Organization	「ころしにつうにし
corporation limited partnership, already formed other (please specify):	444
business trust limited partnership, to be formed	AUG 2 4 2007
Actual or Estimated Date of Incorporation or Organization: Month Year Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	Estimated THOMSON FINANCIAL
GENERAL INSTRUCTIONS	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requested for the following: Each protected or the issuer, if the issuer has been cognitized within the past five years. Each byte been cited or the issuer, if the issuer is the issuer is the issuer is the power of the issuer. Each before issuer is the interval of component issuers and of corporate general and managing partners of partnership issuers, and	A. BASIC IDENTIFICATION DATA										
Each bemeficial owner having the power to yote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Issuers Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(s) that Apply:	2. Enter the information requested for the following:										
Each executive Officer and director of corporate issuers and of corporate general and managing partners of pattnership issuers, and	• Each promoter of the issuer, if the issuer has been organized within the past five years;										
Each general and managing partner of partnership issuers. Check Box(es) that Apply:	• Each beneficial owner having the power to yote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the										
Check Box(es) that Apply:											
Managing Partner	Each general and managing partner of partnership issuers.										
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or										
Clarges House, 6-12 Clarges Street, London, W1381B, United Kingdom Check Box(ex) that Apply:	Full Name (Last name first, if individual)										
Full Name (Last name first, if individual) Ward, Daniel T. Business or Residence Address (Number and Street, City, State, Zip Code) 1650 Tysons Bivd., Suite 1600, McLean, VA 22102 Check Box(es) that Apply:	Business or Residence Address (Number and Street, City, State, Zip Code)										
Business or Residence Address (Number and Street, City, State, Zip Code)											
1650 Tysons Blvd., Suite 1600, McLean, VA 22102 Check Box(es) that Apply:											
Full Name (Last name first, if individual) Harkins, Richard A. Business or Residence Address (Number and Street, City, State, Zip Code) 1650 Tysons Blvd., Sulte 1600, McLean, VA 22102 Check Box(es) that Apply:											
Harkins, Richard A. Business or Residence Address (Number and Street, City, State, Zip Code) 1650 Tysons Blvd., Sulte 1600, McLean, VA 22102 Check Box(es) that Apply:											
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Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:											
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first, if individual)										
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Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Business or Residence Address (Number and Street, City, State, Zip Code)										
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)											
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first, if individual)										
Managing Partner Full Name (Last name first, if individual)	Business or Residence Address (Number and Street, City, State, Zip Code)										
Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if individual)										

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		-11			RIN	FORMATI	ON AROU	TOFFERI	NG					
													YES	NO
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											\boxtimes			
Answer also in Appendix, Column 2, if filing under ULOE									€10,000	000*				
2. What is the minimum investment that will be accepted from any individual? * The General Partner reserves the right to accept lesser amounts.									C10,000	7,000				
	ine Gener	#1 1 WI !!!!	i i caci ves i		ассерт 1033.								YES	NO
3. Does the offering permit joint ownership of a single unit?									******	\boxtimes				
4.	Enter the inf	ormation	requested for	r each pers	on who ha	s been or w	ill be paid o	or given, di	rectly or in	directly, ar	ny commissi	ion or		
	similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or													
	dealer. If mo	rson or ag	ve (5) perso	ns to be list	ed are asso	ciated person	ns of such a	broker or d	ealer, you r	nay set for	th the inform	nation		
	for that broke	r or dealer	ronly.			•								
	ame (Last na	•	individual)											
	. Morgan pl ess or Resider		s (Number a	and Street.	City, State,	Zip Code)	-							
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	in Which Per			ed or Intend	s to Solicit	Purchasers								<u> </u>
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	ss or Residen			nd Street, C	City, State, 2	Zip Code)								
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•	"All States"		_								🔀 AI			
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[RI]	[SC]	(SD)	[TN]	[TX]	[ປT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Last na	me first, if	individual)				-							
	Γ2 Corporat						 							
	ess or Resider		ss (Number	and Street,	City, State,	Zip Code)								
	ne Curzon St ondon, W1A5		d Kinadom											
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	inc or resort	ance Diox	c. of Double											
State	es in Which P	erson Lict	ed Has Solid	ited or Inte	nds to Solio	it Pumbacen	<u> </u>			<u> </u>				
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(Che	ck "All States [AK]	or check [AZ]	individual : [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	Ali State [ID]		
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[RI]	[SC]	[SD]	TN]	[TX]	(UT)	[VT]	[VA]	[WA]	(WV)	[WI]	[WY]	[PR	j	

[†] Please note that this placement agent did not solicit purchasers in the United States.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS			<u> </u>	
l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	Aggrega Offering 1			Amount Already Sold	
	Debt	\$ -0		\$	-0-	
		\$ -0	-	\$	-0-	
	Common Preferred			_		
	Convertible Securities (including warrants)	s -0	-	\$	-0-	
		\$ 1,094,20	0,633	\$	1,094,200,633	
	Other (Specify)	S -0		S	-0-	
		\$ 1,094,20	0.633	\$	1,094,200,633	
	TVMI		-	_	1,071,000,033	
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total line. Enter "0" if answer is "none" or "zero."					
	Accredited Investors	Numb Investo 49		s	Aggregate Dollar Amount of Purchases 1,094,200,633	
	Non-accredited investors	-0-		S	-0-	
	Total (for filings under Rule 504 only)	NA.		S	NA	
	Answer also in Appendix, Column 4, if filing under ULOE.			_		
	Answer also in Appendix, Column 4, it thing under Ocots.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	Type of offering	Type			Dollar Amount	
	Rule 505	Securi NA	ty	s	Sold NA	
	Regulation A	NA.		\$	NA	
	C			<u> </u>		
	Rule 504	- NA			NA NA	
	Total	NA NA		\$	NA	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		.			
	Transfer Agent's Fees		\boxtimes	\$	-0-	
	Printing and Engraving Costs		\boxtimes	\$	43,000	
	Legal Fees		\boxtimes	\$	1,297,000	
	Accounting Fees		\boxtimes	\$	688,000	
	Engineering Fees		\boxtimes	s	-0-	
	Sales Commissions (specify finders' fees separately)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\boxtimes	\$	13,765,000	
	Other Expenses (identify)		\times	5	-0-	

15,793,000

b. Enter the difference between the a expense furnished in response to Part issuer."	C - Question 4.a. This	difference is the "	adjusted gross proceeds t	o the		\$1,078,407,	633
 Indicate below the amount of the adju- purposes shown. If the amount for ar the estimate. The total of the payme response to Part C - Question 4.b abov 	ny purpose is not known ents listed must equal t	n, furnish an estin	nate and check the box to	the left of			
					Payments to Officers Directors & Affiliates	P	ayments to Others
Salaries and fees			***************************************		-0-	_ <u> </u>	-0-
Purchase of real estate				🖂 :	S -0-		-0-
Purchase, rental or leasing and installat				····· —		_ <u> </u>	-0-
Construction or leasing of plant building				<u> </u>	-0-	<u> </u>	-0-
Acquisition of other businesses (includ offering that may be used in exchange	_		S				
issuer pursuant to a merger)			,,	<u> </u>	-0-	_ <u>\</u> _s_	-0-
Repayment of indebtedness				🛛 :	-0-	⊠ s	-0-
Working capital					-0-	_ <u> </u>	-0-
- '							· · · · · · · · · · · · · · · · · · ·
Other (specify) Portfolio Investments	i	····		<u> </u>	-0-	🔼	078,407,633
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		•					
Column Totals				🔼 <u>.</u>		🔼 \$1,0	078,407,633
Total Payments Listed (column totals a	idded)				⊠ s	1,078,40	7,633
	D. 1	FEDERAL SI	GNATURE				
The issuer has duly caused this notice to be sig an undertaking by the issuer to furnish to the U non-accredited investor pursuant to paragraph	J.S. Securities and Exch						
Issuer (Print or Type)	Signature			Date	c-1	,	
JER Europe Fund III, L.P.		5/5	$\mathcal{U}_{\underline{}}$	08	8/13/	200	7

 \mathcal{END}

ATTENTION

Director of JER Europe Fund III GP Limited, the General Partner of the Partnership

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

JER Europe Fund III, L.P.
Name (Print or Type)
Daniel T. Ward